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Special Feature

The Bonny Method of Guided Imagery and Music (GIM) in the Treatment of Post-Traumatic Stress Disorder (PTSD) with Adults in the Psychiatric Setting

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ABSTRACT: The Bonny Method of Guided Imagery and Music (GIM) has been used in the inpatient psychiatric setting in the treatment of patients with post-traumatic stress disorder (PTSD). GIM has been effective in addressing PTSD symptoms of hyperarousal, intrusion and constriction, and the core experiences of disempowerment and disconnection in both individual and group sessions. The GIM process allows access to subconscious feelings, images, and memories and fosters empowerment and reconnection through self-understanding and an alliance with the therapist.

People who have been witnesses or victims of horrible events are survivors of trauma. The trauma may be a single event such as a violent crime, an accident or natural disaster, or the result of prolonged and repeated abuse such as childhood abuse, domestic battering, cults, concentration camps, and prisoners of war (Herman, 1992). The responeses to trauma may range from a brief stress reaction to a more complicated diagnosis such as post-traumatic stress disorder (PTSD).

Recognized as a disorder by the American Psychiatric Association (APA) in 1980, PTSD is characterized by symptoms which include nightmares, instrusive thoughts, memories, and flashbacks; avoidance or numbing of thoughts and feelings related to the trauma; isloation; disinterest in activities; change in behavior such as sleep patterns, moods, and concentration (APA, 1987). These symptoms, although rooted in the trauma, affect many aspects of the patient's life such as relationships with friends and family, and employment (Johnson, Feldman, Southwick & Charney 1994). Herman (1992), places PTSD symptoms into three main categories: hyperarousal, intrusion, and constriction.

Hyperarousal describes the physiological and psychological arousal which continue after the traumatic experience. The nervous system remains alert for danger in both waking and sleep states, causing continuous anxiety, insomnia, and heightened sensitivity to stimuli such as exaggerated startle response (Herman, 1992). The patient has difficulty achieving or maintaining a sense of safety and relaxation.

Intrusion refers to the "indelible image" (Lifton, 1980) of the trauma which patients commonly re-experience in the forms of nightmares, flashbacks, and intrusive thoughts. Unable to maintain defenses, the patients become flooded with memories and intense emotions related to the trauma.

Constriction is a defensive measure to avoid intrusion by "walling off" traumatic memories and strong effect from consciousness. Patients who are constricted are emotionally detached from themselves and from others. This is a state of "psychic numbing," the loss of the ability to feel (Lifton, 1983), or "alexithymia," the inability to express oneself emotionally or attach words to feelings (Krystal, 1979; Sifneos, 1975). This numbing may "present tremendous obstacles for any kind of psychotherapeutic intervention seeking to uncover traumatic memories and foster reintegration" (Johnson, 1987, pp. 7-8). When the trauma is conscious, there is an alternation between constrictive and intrusive states (Horowitz, 1976; Herman, 1992). Neither state allows for integration, and the patient oscillates in a pattern of helpessness.

Herman (1992) also describes the "core experiences" of trauma as disempowerment and disconnection from others. The trauma and its accompanying symptoms diminish patients' personal power and sense of safety. They struggle with feelings of helplessness, isolation, low self-esteem, loss of con-

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trol, and for many, loss of hope. Some patients describe feeling like part of them has died or as if they have lost their soul.

The Bonny Method of GIM

Literature Review in the Inpatient Psychiatric Setting

This paper focuses on the use of the Bonny Method of Guided Imagery and Music (GIM) in the inpatient psychiatric setting in the treatment of patients suffering from PTSD. Both individual and group GIM therapy will discussed.

Several publications discuss the use of GIM in the psychiatric setting (Goldberg, 1989, 1994; Nolan, 1983; Summer, 1988). Literature about the use of GIM in the treatment of PTSD in the psychiatric setting is limited. Bishop (1994) studied the use of individual GIM with adult female survivors of childhood abuse in an acute psychiatric setting. She found that when self-empowerment images were integrated with the traumatic imagery material, it led to positive healing experiences and improved patient functioning. Blake (1994) describes her project with Vietnam veterans with combat-related PTSD in an inpatient program for PTSD at a VA Medical Center. Veterans reported that during GIM sessions they were able to reconnect with feelings, increase self-understanding, improve concentration, and/or achieve a sense of relaxation. The GIM process was significant in allowing the veterans to experience memories and emotions with the therapist as witness. Goldberg's (1994) work in an inpatient acute setting with a female survivor of violence describes how GIM therapy gave the patient control of images, opportunities to release fears and begin verbalizing her traumatic experiences.

Shortened duration of the music selection and less complexity of music were indicated for many survivors of trauma.

Clinical Applications with Patients with PTSD

Individual Sessions

Guided Imagery and Music is "a process which utilizes relaxation techniques and classical music to stimulate imagery in working toward therapeutic goals" (Bonny, 1993). The complexity of the music elicits spontaneous images, emotions, memories, and body sensations, and provides an integral structure for containment of the experience.

There are four components to a GIM session. The first component, the *prelude,* is a verbal dialogue between the therapist and the patient. The therapist assesses the patient's emotional status, ego strengths, and defenses, and jointly identifies a specific focus or goal for the session with the patient. Music is chosen by the therapist from specifically designed music programs compiled of several selections (Bonny, 1978, 1978a, 1989).

The second component, the *relaxation/induction,* includes a relaxation exercise and an imagery induction. The relaxation induces an altered state of consciousness and may increase feelings of vulnerability that can be frightening or agitating. Therefore, it is important for the therapist to incorporate safety into this component. Some patients may require a longer relaxation to enter an altered state, while others may need a shortened relaxation to maintain defenses. Similarly, some patients are able to lie down and others may need to remain in a sitting position. The therapist prepares the patient for the music by giving an image induction which can be specific and reflective of the session goal.

The challenge in inpatient psychiatric settings is to establish goals which can be met within a relatively brief hospital stay.

In the third component, *music/imagery,* the patient listens to the music and describes any images or feelings that occur. The therapist maintains a dialogue with the patient throughout this component. Shortened duration of the music selection and less complexity of music were indicated for many survivors of trauma. Toward the end of the music, the therapist assists the patient in resolving lingering images and returning to a normal state of consciousness. The therapist not only opens the way to the unconscious but also must be able to bring the person back to his/her normal state of alertness (Summer, 1988).

In the *postlude,* the final component, the material from the session is processed primarily through the interpretation and insight of the patient. The therapist assists in making connections between the patient's imagery experience and the session goal, his/her self-concept, and relationships with others. Clarifying the meaning of the imagery is essential for initiating integration into the patient's conscious daily life and for reinforcing reclaimed or newly found inner resources.

The Inpatient Psychiatric Setting

Recovery for many trauma patients is a long-term process of gradual empowerment and reconnection within the context of relationships (Herman, 1992). The challenge in inpatient psychiatric settings is to establish goals which can be met within a relatively brief hospital stay. When achieved, this goal becomes another step in recovery.

Brief hospitalizations (one to two weeks) are indicated for some patients with PTSD in crisis. Typically, instrusive symptoms are predominant, and the patient feels powerless and depleted of options and resources. The desired outcome for inpatient treatment is stabilization with improved integration rather than triggering constriction.

In longer-term treatment, planned hospitalizations or specialized programs (up to four months), there may be less urgency for stabilization thus the opportunity for more in-depth work within the containment of the hospital setting. Goals may include exploring the patient's inner world with a sense of choice and control, reconnection with positive aspects of the self, focusing on specific internal struggles, remembering trauma, griefwork, or work with current life problems.

In GIM therapy, the patient must reach a sufficient level of trust and relaxation, spontaneously enter into his/her inner world, and communicate his/her experiences to the therapist. Given the symptoms and core experiences, one might postulate that patients with PTSD would be unable to participate in this process. Yet, patients with PTSD have utilized GIM despite the difficulties imposed by these limiting conditions.

Hyperarousal has been relieved for patients during GIM sessions. Patients have experienced physical and psychological relaxation, comfort, and nurturance without intrusive thoughts and hypervigilance. Concentration, generally lacking in patients with PTSD, is often achieved.

Secondly, GIM therapy has allowed an integration or flow between the oscillating and unintegrated states of constriction and intrusion. The music has provided access to both symbolic and concrete subconscious material including, but not limited to, the traumatic memory. During GIM sessions, patients have entered their inner worlds, elicited images, memories, and fantasies, gained access to emotions and body sensations, and shared these with a sense of control and meaning.

GIM sessions have helped patients with empowerment and hope, unlocking inner resources and allowing connection between the conscious and the unconscious.

Lastly, countering the core experiences of disempowerment and disconnection, GIM sessions have helped patients with empowerment and hope, unlocking inner resources and allowing connection between the conscious and the unconscious. New or underdeveloped strengths have been expressed in the forms of images and symbols. Some patients have viewed themselves and their traumatic experiences with new perspective. Through their imagery processes, patients inner experiences have been validated. Disconnection and isolation have been countered by the supportive and witnessing relationship with the therapist.

Example

The following is an example of an imagery experience with a 25-year-old-woman, "Gina," who had survived severe abuse, both as a child and as an adult in a recently dissolved marriage. This is an imagery excerpt from her second session; she received a total of four individual GIM sessions during a 15-day hospitalization.

> Relaxation: Emphasis of safety and support
> Induction content: an enclosed beach area.
> Music: Britten, "Simple Symphony: Sentimental Saraband"
> (What are you experiencing?) The waves of the ocean; it's like I lost something, or somebody . . . (who?) Part of me; I don't think I can ever get it back; it's gone. (What is missing?) My little girl, that part of me that never got to be. I can't get it back, it's gone. I'm mad at the people who took it away from me. It's not fair. Mom's weak and wimpish . . . Dad is disapproving . . . (What do you want to say to him?) Why me? You told me I was special. If that's special then I don't want to be special! Why me? It's not fair! I want him to see how it feels. He's just a mad little boy . . . [music change]
> Haydn, "Cello Concerto in C: Adagio."
> . . . I don't have to fight with him anymore. I just don't have to give them the power anymore. (how are you experiencing that?) I see them different; just unhappy people. He's just an angry person, not a giant. He's looking at me the way he does, but it's not getting to me the way it did. (how do you feel?) Different; I usually take care of others. It's good. I'm not stupid; I'm going to be o.k. I can find a way to deal with it. I can be strong. (how are you feeling your strength?) It's buried deep. (where do you feel it?) [she placed her hands on her stomach] (let that intenisfy) It makes me feel like I can fight back. It's warm; it makes me feel like I can do what I put my mind to. I can succeed and be happy . . . (does it have a color?) bright turquoise; warm, vibrant, lots of energy, a lot of fight; it's grown. (does it have a texture?) It's not hard, but firm and soft. It's something you can mold and shape into what you need it to be. It's surprising, there's so much of it. I didn't know it was there: there's a lot. (how big is it?) [indicates with hands, a circle all around her abdomen] I think it'll be o.k. It's like having a positive force. How could I have kept this buried for so long? . . .

Gina's imagery began with the common experience of survivors of trauma, to feel that a part of themselves had died. Gina moved quickly into an image of her pain, a brief memory fragment which represented the sexual abuse by her father. This image of intrusion initially produced feelings of powerlessness; however, with the assistance of the music and the therapist, she quickly moved to her anger about the injustice and her subsequent loss. The second piece of music promoted a depowering of the impact of the abuse and an empowering of the patient. This experience allowed Gina to approach the trauma of the sexual abuse from an empowered position in subsequent sessions, which promoted a transformational effect instead of a retreat into constriction.

Example

"John," a middle-aged Vietnam veteran of the Marine Corps, chose to participate in a 16-week inpatient treatment program for combat-related PTSD. John had amnesia related to Vietnam experiences. Due to the constrictive symptom of "alexithymia," he had not been able to express his emotions. In this segment, he remembered the first person he killed in combat, "Lee Sun." The following is an except from the fifth of six sessions.

> Relaxation: Progressive Muscle Relaxation
> Induction: Directly into the music . . .
> Music: Berlioz: "L'Enfance du Christ"
> I'd forgotten that TET, the New Year, is when everyone celebrates their birthdays at the same time, but the most important date is the person's death . . . I have the date when I killed Lee Sun . . . [John had kept Lee Sun's wallet] I'm the only one who knows the day he died . . . I've got photos of his family and buddies . . . I feel sad about the losses in war; 58,000 people and enemy losses, too . . . I see Lee Sun . . . (can you say more?) I shot him in the back. He was 27 years old, and he looked like a kid. He was trying to escape. I had to shoot him. There was no other way I could do it. Looked like he had a big family, a lot of pictures . . . I want to do something with that enpty feeling, all that dying and killing for nothing. [John begins to cry.] I want to do something about it . . . [Music change]
> Berlioz: "Shepherds's Farewell, Chorus"
> (what might help you?) To do something, sponsor an Asian family. [John continues to cry] (let yourself feel that sadness) A part of me died with him. He was my first kill. That's why I got to do something so he didn't die in vain, make some good come from it, contributing to society. I didn't go there to kill people; I wanted to help people, to help the Vietnamese people . . .
> Puccini: "Madame Butterfly, Humming Chorus, Act 2"
> . . . there's a big feeling it was all for nothing, but it don't have to be all for nothing. I can continue the fight by helping people. Maybe when I leave this world I'll feel I made it a better place to live. Can't change the world but you can contribute . . .

John's treatment goals in the program included remembering an sharing traumatic experiences. He normally reported what little he recalled with absence of emotion. In GIM therapy, John was able to release himself from his constrictive state by remembering and grieving the losses of war. John expressed feeling physical and emotional relief as a result of the GIM experience. In the postlude, he did begin proposing several steps toward making ammends with the spirit of Lee Sun and in making a contribution in the world.

The Group GIM Method

The group GIM process has a greater level of structure and containment in each component than the individual process. Group GIM therapy has the same component parts as the individual work with two major differences: the absence of guiding during the music/imagery and the presence of group interaction. These differences require alterations in the implementation of GIM in a group setting.

Adaptations recommended for hospitalized PTSD patients include (a) short duration of relaxation (1–2 minutes), (b) remaining in a sitting position, (c) high level of specificity of image and goal for the induction, (d) short duration of music (no more than 10 minutes), (e) experiencing of music/imagery development with eyes open and supported by writing, drawing, or movement (writing maintains a greater level of cognitive involvement than drawing or movement), and (f) emphasis on safety, validation, and reinforecment of efforts to create solutions during the postlude.

Due to the absence of guiding by the therapist during the music/imagery component, these adaptations are important for providing a sufficient level of safety and control. Guiding of the imagery takes place during the postlude where the therapist invites each group member to share her/his experience for further exploration and examination of images. The group interaction assists with the processing and integration of the imagery's meaning and facilitating connections with others.

Example

The following is an example of the journaled writing and imagery work of "Diane," a 23-year-old woman who participated in an inpatient psychiatric program dedicated to the treatment of female survivors of abuse.

The following is quoted from her journal approximately three weeks before her group GIM experience:

> Please don't ask me if I feel safe. The answer is 'No.' I used to be safe but I left that room and the door has locked itself behind me. I run from thought to thought looking for the key and when I return the door itself has disappeared. Was it ever there? It must have been, but I am alone in the dark with the monsters it had kept me from . . . There are no safe places.

During the group GIM session the induction imagery given was to walk through a tunnel of flowers that led to a wise woman. The goal for work in the music was to have a dialogue with the wise woman and to write as they experienced the music and the imagery. The music used was Massenet: "Scenes Alsaciennes, Sous les Tilleuls." The following is from her writing reflecting her imagery experience.

> 'Step into the light, child. Feel the safetly envelop you as we sit and talk a while.' But old woman, there are no safe places. I've known that truth for as long as I've drawn breath. Your safety may hold me for awhile but there is darkness beyond the light that you are not telling me about. 'What is it, child? What has caused you so much pain? Who has taken you from your innocence? Who has kept you from me and this place where you belong?' My parents never told me of safe places. 'The world is harsh,' they taught, 'and you must learn early not to trust.' 'I'm sorry, my child, because this safe place has always been here and your parents were wrong to keep you from it.' I don't understand. The flowers that led me here were so beautiful and the path so easy to walk. How is it that I am at the door and too paralyzed to move? 'Because, my child, you can't just undo all your parents have taught you with the movement of your feet. To feel my embrace you must trust that I will catch you and the darkness will not come. You must have faith. Please, child take that leap of faith; come to me and step into the light.'

During the processing, Diane expressed a renewed sense of hope that she could begin to experience inner safety. This experience helped her to recognize other defensive re-

sources within her that could lead to further empowerment. During the postlude, she related newfound motivation to continue the struggle toward healing because new options were revealed for her.

Discussion

With the trend toward brief hospitalizations and patients with a greater severity of symptoms, group work has become a necessary design in treatment. Group GIM therapy has a wider application with patients with PTSD who are hospitalized because it is less intensive than individual GIM and is appropriate with a shorter length of stay. Shorter hospitalizations may not provide sufficient time to provide individual GIM sessions. A minimum of three individual GIM sessions can be beneficial, allowing time for the pacing and support necessary and for processing and integration between sessions (Bishop, 1994). This gives the patient an opportunity to progress through a short treatment cycle of preparation/safety, engagement in conflicting materials, and integration/reconnection within his/her longer term recovery process. For maximum benefit, it is recommended that patients continue with some form of long-term outpatient therapy to work toward recovery of internal integration and the re-establishment of trusting relationships.

GIM therapy has the effect of opening the patient's inner world. One can question whether it might cause increased destabilization and prolong a patient's inpatient stay by moving him/her into traumatic material and associated emotions. With GIM therapy being a spontaneous process, traumatic memories are not imposed nor are they avoided. GIM therapy can provide a patient with an avenue for approaching traumatic material with safety and control, creating opportunities for increased mastery and integration. Yet, if emotional catharsis or recovery of repressed memories is the goal, then such work may indeed have a destabilizing effect on the patient. The general emphasis in GIM sessions, however, is placed on identification of solutions, building healthier defenses, and promoting a greater sense of hope and new direction, thus contributing to the stabilization of the patient hospitalized with PTSD.

Indications/Contraindications

The Bonny Method of Guided Imagery and Music can be effective in working with patients with PTSD in a psychiatric setting where there is considerable medical and therapeutic support and containment. Each patient must be carefully assessed for adequate ego strength and defense mechanisms. GIM is contraindicated for patients with active substance abuse or for patients with psychotic symptoms (Bishop, 1994; Blake, 1994; Goldberg, 1994; Summer, 1988).

The therapist must be trained in the Bonny Method of Guided Imagery and Music and experienced with issues specific to trauma.

Conclusion

Both individual and group GIM therapy can be effective in the treatment of PTSD patients in the inpatient psychiatric setting. Carefully selected music and the presence of the therapist provide a structure which allows for images, memories, and feelings to emerge. GIM creates a matrix of integration which elicits spontaneity, safety, and strength in the patient. Knowing that (s)he has the potential to relax, concentrate, create, remember, feel, and relate to another human being gives the patient hope, connection, and a sense of meaning.

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